

**APPLICATION FOR PAYMENT OF ATTORNEY FEES FOR REPRESENTATION UNDER THE KINSHIP GUARDIANSHIP ACT**

[Please print or type information]

PAYEE: \_\_\_\_\_ Vendor No. \_\_\_\_\_

Last Name, First Name, Middle Initial (separate by commas)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TAX ID NO. \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

JUDICIAL DISTRICT NUMBER: \_\_\_\_\_ COUNTY: \_\_\_\_\_

[ ] APPOINTMENT ORDER ATTACHED

[ ] INDIGENCY ORDER ATTACHED

TO: \_\_\_\_\_,  
DISTRICT COURT JUDGE.

I respectfully submit application for payment of fees as the court-appointed Guardian-ad-Litem as provided by the Kinship Guardianship Act. (NMSA 40-10B-1 et.seq; 40-10B-9). I understand that this application will not be processed for payment if it has not been received by the district court within 30 days of **completion** of milestone event/hearing and that payment is contingent upon the availability of funds.

Type of Hearing (check one)	Date of Hearing	Fee (Hours expended X \$30.00)	Maximum Fee (not to exceed)
<input type="checkbox"/> Appointment of guardian pursuant to NMSA 40-10 B-9 (A) and (C)			\$600.00
<input type="checkbox"/> Revocation of guardianship pursuant to NMSA 40-10B-9 (B) and (C)			\$600.00

AMOUNT REQUESTED [\$\_\_\_\_\_]

GROSS RECEIPTS TAX [\$\_\_\_\_\_]

TOTAL AMOUNT DUE [\$\_\_\_\_\_]

I hereby certify that the above is correct and true and, therefore, request payment.

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Attorney Signature

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Date

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District Court Judge or Designee

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Date

*Revised 06/09  
Need a new code*